



MISSOURI DEPARTMENT OF REVENUE
**REQUEST FOR TAX CLEARANCE OF AN
ADMINISTRATIVELY DISSOLVED CORPORATION**

FORM
943
(REV. 12-2000)

THE FOLLOWING INFORMATION IS PROVIDED TO OBTAIN A TAX CLEARANCE TO CANCEL THE CERTIFICATE OF DISSOLUTION OF THE CORPORATION NAMED BELOW, AS PROVIDED BY SECTION 351.488 AND/OR SECTION 355.716, RSMo. **THIS FORM IS NOT USED FOR MERGERS OR LIQUIDATIONS. COMPLETE THIS FORM IN ITS ENTIRETY. PLEASE TYPE OR PRINT.**

CORPORATION CHARTER NUMBER		MO TAX IDENTIFICATION NUMBER		FEDERAL EMPLOYER I.D. NUMBER	
CORPORATION NAME				DOING BUSINESS AS NAME	
BUSINESS STREET ADDRESS			CITY, STATE, ZIP CODE		
STATE OF INCORPORATION		DATE OF INCORPORATION		DATE OF AUTHORITY IN MISSOURI	
NATURE OF BUSINESS					
A CORPORATION IS LIABLE FOR FRANCHISE TAX IF LINE 6A OR 6B ON THE FRANCHISE TAX REPORT IS MORE THAN \$200,000 FOR YEARS JANUARY 1, 1988 THROUGH DECEMBER 31, 1999 OR IS MORE THAN \$1,000,000 BEGINNING AFTER JANUARY 1, 2000. IS YOUR CORPORATION LIABLE FOR FRANCHISE TAX? <input type="checkbox"/> YES <input type="checkbox"/> NO IF NO, STATE YEAR(S) WHICH ARE NOT REQUIRED TO BE FILED _____					
DOES CORPORATION HAVE EMPLOYEES IN MISSOURI? <input type="checkbox"/> YES <input type="checkbox"/> NO		MISSOURI UNEMPLOYMENT INSURANCE COMPENSATION TAX NUMBER			
DID THE CORPORATION HAVE A PRIOR NAME? <input type="checkbox"/> YES <input type="checkbox"/> NO IF YES, PLEASE STATE THE PREVIOUS NAME _____					
IS THE CORPORATION A MEMBER OF A CONTROLLED GROUP? <input type="checkbox"/> YES <input type="checkbox"/> NO IF YES, GIVE PARENT NAME/FEIN _____					
MISSOURI BEER/LIQUOR LICENSE NUMBER		MISSOURI CIGARETTE WHOLESALER LICENSE NUMBER		MISSOURI MOTOR FUEL OR SPECIAL USE FUELS LICENSE NUMBER	
<input type="checkbox"/> DISTRIBUTOR <input type="checkbox"/> DEALER <input type="checkbox"/> INTERSTATE USER <input type="checkbox"/> BULK STORAGE USER					
The Department of Revenue will process your tax clearance and notify you regarding the status of your account. Please note that if the taxpayer owes any taxes it will be shown on the denial of tax clearance letter issued by the department. This denial of tax clearance will be sent to the person authorized to receive the tax clearance letter. If your account is clear, a statement of "no state taxes due" will be issued by the Department of Revenue. If the requestor is other than an officer of the corporation, the Authorization for Release of Confidential Information section below must be completed before any information can be disclosed. Release of this information to a third party at the request of the taxpayer does not give the third party authority to request further information from the department. To obtain additional information or represent the taxpayer before the department, it is necessary for the taxpayer to execute a Power of Attorney designating the third party as its representative.					
Under penalties of perjury I declare that the above information is true, accurate and complete.					
SIGNATURE OF OWNER/OFFICER		TITLE		TELEPHONE NUMBER ()	
AUTHORIZATION FOR RELEASE OF CONFIDENTIAL INFORMATION					
I/we _____ authorize the Department of Revenue to forward to the named third party the tax clearance letter or denial of tax clearance letter to:					
NAME				TITLE	
REPRESENTING					
ADDRESS			CITY, STATE, ZIP CODE		
I (WE) HEREBY RELEASE THE DIRECTOR OF REVENUE AND DEPARTMENT PERSONNEL FROM ANY AND ALL LIABILITY PURSUANT TO MISSOURI REVISED STATUTES OR ANY OTHER APPLICABLE CONFIDENTIALITY STATUTE FOR DISCLOSURE PURSUANT TO THIS RELEASE OF INFORMATION.					
NAME (PLEASE TYPE OF PRINT)*				TITLE	
OWNER/OFFICER SIGNATURE				THE AFOREMENTIONED ACKNOWLEDGES THAT HE SIGNED THE FOREGOING AS HIS FREE ACT AND DEED.	
NOTARY PUBLIC EMBOSSER SEAL	STATE			COUNTY (OR CITY OF ST. LOUIS)	
	SUBSCRIBED AND SWORN BEFORE ME, THIS			USE RUBBER STAMP IN CLEAR AREA BELOW	
	DAY OF 20				
	NOTARY PUBLIC SIGNATURE				
NOTARY PUBLIC NAME (TYPED OR PRINTED)			MY COMMISSION EXPIRES		

PLEASE SEND ORIGINAL TO: MISSOURI DEPARTMENT OF REVENUE, DIVISION OF TAXATION AND COLLECTION, P.O. BOX 3666, JEFFERSON CITY, MO 65105-3666